



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth District of Columbia, Inc.

NAIC Group Code	00936	(Current Period)	,	00936	(Prior Period)	NAIC Company Code	15088	Employer's ID Number	46-1480213
Organized under the Laws of	District of Columbia					State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ] Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ]								
Incorporated/Organized	11/30/2012				Commenced Business	03/18/2013			
Statutory Home Office	1120 Vermont Avenue Suite 200 (Street and Number)				Washington, DC, US 20005 (City or Town, State, Country and Zip Code)				
Main Administrative Office	200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)								
					215-937-8000 (Area Code) (Telephone Number)				
Mail Address	1120 Vermont Avenue Suite 200 (Street and Number or P.O. Box)				Washington, DC, US 20005 (City or Town, State, Country and Zip Code)				
Primary Location of Books and Records	200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code)								
					215-937-8000 (Area Code) (Telephone Number) (Extension)				
Internet Web Site Address	www.amerihealthdc.com								
Statutory Statement Contact	Colleen Jeanette McCabe (Name)				215-863-5582 (Area Code) (Telephone Number) (Extension)				
	cmccabe@amerihealthcaritas.com (E-Mail Address)				215-937-5349 (Fax Number)				

OFFICERS

Name	Title	Name	Title
Jay Feldstein D.O. #	President	Robert Howard Gilman Esquire #	Vice President and Secretary
Steven Harvey Bohner #	Vice President and Treasurer	Susan Hampshire Overton #	Vice President and CFO

OTHER OFFICERS

Karen Margaret Dale #	Executive Director	George Dennis Mulligan #	Assistant Secretary
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DIRECTORS OR TRUSTEES

Jay Feldstein D.O. #	Steven Harvey Bohner #	Anne Maureen Morrissey #	
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State of .....Pennsylvania.....  
County of .....Delaware.....  
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Jay Feldstein D.O. President	Robert Howard Gilman Esquire Vice President and Secretary	Steven Harvey Bohner Vice President and Treasurer
Subscribed and sworn to before me this _____ day of _____ February, 2014		a. Is this an original filing? Yes [ X ] No [ ] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____
Altyne Bowe, Notary Public December 30, 2014		

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	.0		.0	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			.0	.0
5. Cash (\$ ..... (3,777,256) , Schedule E-Part 1), cash equivalents (\$ .....0 , Schedule E-Part 2) and short-term investments (\$ .....86,510,653 , Schedule DA).....	.82,733,397		.82,733,397	.0
6. Contract loans (including \$ .....premium notes).....			.0	.0
7. Derivatives (Schedule DB).....			.0	.0
8. Other invested assets (Schedule BA) .....	.0		.0	.0
9. Receivables for securities .....			.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.82,733,397	.0	.82,733,397	.0
13. Title plants less \$ ..... charged off (for Title insurers only).....			.0	.0
14. Investment income due and accrued .....			.0	.0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	.2,109,938		.2,109,938	.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums).....			.0	.0
15.3 Accrued retrospective premiums.....			.0	.0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			.0	.0
16.2 Funds held by or deposited with reinsured companies .....			.0	.0
16.3 Other amounts receivable under reinsurance contracts .....			.0	.0
17. Amounts receivable relating to uninsured plans .....			.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
18.2 Net deferred tax asset.....	.6,859,158	.5,810,540	.1,048,618	.0
19. Guaranty funds receivable or on deposit .....			.0	.0
20. Electronic data processing equipment and software.....	.108,081		.108,081	.0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	.295,673	.295,673	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
23. Receivables from parent, subsidiaries and affiliates .....			.0	.0
24. Health care (\$ .....332,030 ) and other amounts receivable.....	.1,549,349	.1,217,319	.332,030	.0
25. Aggregate write-ins for other than invested assets .....	.5,906,384	.8,446,990	.(2,540,606)	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	.99,561,980	.15,770,522	.83,791,458	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
28. Total (Lines 26 and 27)	.99,561,980	.15,770,522	.83,791,458	.0
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	.0	.0	.0	.0
2501. Security Deposit on Leased Office Space.....	.343,728	.343,728	.0	
2502. Prepaid Expenses.....	.114,576	.114,576	.0	
2503. Goodwill.....	.(2,540,606)	.0	.(2,540,606)	
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.7,988,686	.7,988,686	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	.5,906,384	.8,446,990	.(2,540,606)	.0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	44,245,663		44,245,663	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	307,471		307,471	0
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance .....			0	0
9. General expenses due or accrued .....	744,455		744,455	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....	2,290,000		2,290,000	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,284,436		6,284,436	0
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	5,110,789	0	5,110,789	0
24. Total liabilities (Lines 1 to 23).....	58,982,814	0	58,982,814	0
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	39,500,000	0
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(14,691,356)	0
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	24,808,644	0
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	83,791,458	0
DETAILS OF WRITE-INS				
2301. Premium Assessment.....	5,109,946		5,109,946	
2302. Stale Dated Checks.....	843		843	
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	5,110,789	0	5,110,789	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	817,684	0
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	255,497,282	0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	255,497,282	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		125,531,681	0
10. Other professional services .....		44,488,461	0
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		25,625,355	0
13. Prescription drugs .....		20,648,109	0
14. Aggregate write-ins for other hospital and medical .....	0	2,008,529	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15) .....	0	218,302,135	0
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	218,302,135	0
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....3,539,171 cost containment expenses.....		7,285,125	0
21. General administrative expenses.....		33,592,140	0
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	259,179,400	0
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(3,682,118)	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		10,653	0
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	10,653	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	(3,671,465)	0
31. Federal and foreign income taxes incurred .....	XXX	2,290,000	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(5,961,465)	0
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0
1401. Durable Medical Equipment.....		1,481,191	
1402. Alternative Medical Cost.....		527,338	
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	2,008,529	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	0	0
34. Net income or (loss) from Line 32 .....	(5,961,465)	0
35. Change in valuation basis of aggregate policy and claim reserves .....		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	181,473	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	6,859,158	0
39. Change in nonadmitted assets .....	(15,770,522)	0
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles .....		0
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend) .....		0
44.3 Transferred to surplus .....		0
45. Surplus adjustments:		
45.1 Paid in .....	39,500,000	0
45.2 Transferred to capital (Stock Dividend) .....	0	0
45.3 Transferred from capital .....		0
46. Dividends to stockholders .....		0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	24,808,644	0
49. Capital and surplus end of reporting year (Line 33 plus 48)	24,808,644	0
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

Cash from Operations	1	2
	Current Year	Prior Year
1. Premiums collected net of reinsurance .....	253,387,344	0
2. Net investment income .....	10,653	0
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	253,397,997	0
5. Benefit and loss related payments .....	175,605,821	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	39,649,795	0
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	215,255,616	0
11. Net cash from operations (Line 4 minus Line 10) .....	38,142,381	0
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	181,473	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	181,473	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	181,473	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	39,500,000	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	4,909,543	0
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	44,409,543	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	82,733,397	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	0	0
19.2 End of year (Line 18 plus Line 19.1) .....	82,733,397	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	255,497,282	0	0	0	0	0	0	255,497,282	0	0
2. Change in unearned premium reserves and reserve for rate credit .....	0									
3. Fee-for-service (net of \$ ..... medical expenses) .....	0									XXX
4. Risk revenue.....	0									XXX
5. Aggregate write-ins for other health care related revenues.....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	255,497,282	0	0	0	0	0	0	255,497,282	0	0
8. Hospital/medical benefits .....	125,531,681							125,531,681		XXX
9. Other professional services .....	44,488,461							44,488,461		XXX
10. Outside referrals .....	0							0		XXX
11. Emergency room and out-of-area .....	25,625,355							25,625,355		XXX
12. Prescription drugs .....	20,648,109							20,648,109		XXX
13. Aggregate write-ins for other hospital and medical.....	2,008,529	0	0	0	0	0	0	2,008,529	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts.....	0									XXX
15. Subtotal (Lines 8 to 14) .....	218,302,135	0	0	0	0	0	0	218,302,135	0	XXX
16. Net reinsurance recoveries .....	0									XXX
17. Total hospital and medical (Lines 15 minus 16) .....	218,302,135	0	0	0	0	0	0	218,302,135	0	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ ..... cost containment expenses.....	7,285,125							7,285,125		
20. General administrative expenses .....	33,592,140						2,159,774	31,432,366		
21. Increase in reserves for accident and health contracts .....	0									XXX
22. Increase in reserves for life contracts.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22) .....	259,179,400	0	0	0	0	0	2,159,774	257,019,626	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(3,682,118)	0	0	0	0	0	(2,159,774)	(1,522,344)	0	0
DETAILS OF WRITE-INS										
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Durable Medical Equipment.....	1,481,191							1,481,191		XXX
1302. Alternative Medical Cost.....	527,338							527,338		XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	2,008,529	0	0	0	0	0	0	2,008,529	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only.....				.0
4. Vision only.....				.0
5. Federal Employees Health Benefits Plan .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	255,497,282			255,497,282
8. Other health.....				.0
9. Health subtotal (Lines 1 through 8) .....	255,497,282	.0	.0	255,497,282
10. Life .....				.0
11. Property/casualty.....				.0
12. Totals (Lines 9 to 11)	255,497,282	0	0	255,497,282

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE AmeriHealth District of Columbia, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non- Health
1. Payments during the year:										
1.1 Direct .....	175,605,821							175,605,821		
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	175,605,821	0	0	0	0	0	0	175,605,821	0	0
2. Paid medical incentive pools and bonuses .....	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	44,245,663	0	0	0	0	0	0	44,245,663	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	44,245,663	0	0	0	0	0	0	44,245,663	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0									
4.2 Reinsurance assumed .....	0									
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0									
6. Net healthcare receivables (a).....	1,549,349							1,549,349		
7. Amounts recoverable from reinsurers December 31, current year .....	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	218,302,135	0	0	0	0	0	0	218,302,135	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	218,302,135	0	0	0	0	0	0	218,302,135	0	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct .....	4,858,467							4,858,467		
1.2. Reinsurance assumed .....	0									
1.3. Reinsurance ceded .....	0									
1.4. Net .....	4,858,467	0	0	0	0	0	0	4,858,467	0	0
2. Incurred but Unreported:										
2.1. Direct .....	39,387,196							39,387,196		
2.2. Reinsurance assumed .....	0									
2.3. Reinsurance ceded .....	0									
2.4. Net .....	39,387,196	0	0	0	0	0	0	39,387,196	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct .....	0									
3.2. Reinsurance assumed .....	0									
3.3. Reinsurance ceded .....	0									
3.4. Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct .....	44,245,663	0	0	0	0	0	0	44,245,663	0	0
4.2. Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4. Net .....	44,245,663	0	0	0	0	0	0	44,245,663	0	0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid December 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only.....					0	0
4. Vision Only.....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid.....	0	175,605,821	0	44,245,663	0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	0	175,605,821	0	44,245,663	0	0
10. Healthcare receivables (a).....		1,549,349			0	0
11. Other non-health.....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	0	174,056,472	0	44,245,663	0	0

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

Pt 2C - Sn A - Paid Claims - Comp

NONE

Pt 2C - Sn A - Paid Claims - MS

NONE

Pt 2C - Sn A - Paid Claims - DO

NONE

Pt 2C - Sn A - Paid Claims - VO

NONE

Pt 2C - Sn A - Paid Claims - FE

NONE

Pt 2C - Sn A - Paid Claims - XV

NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	.0	.0	.0	.0	
2. 2009 .....	.0	.0	.0	.0	
3. 2010 .....	XXX	.0	.0	.0	
4. 2011 .....	XXX	XXX	.0	.0	
5. 2012 .....	XXX	XXX	XXX	.0	
6. 2013 .....	XXX	XXX	XXX	XXX	174,056

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....					
2. 2009 .....					
3. 2010 .....	XXX				
4. 2011 .....	XXX	XXX			
5. 2012 .....	XXX	XXX	XXX		
6. 2013 .....	XXX	XXX	XXX	XXX	218,302

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2009.....	.0	.0		.0	.0	.0			.0	.0
2. 2010.....	.0	.0		.0	.0	.0			.0	.0
3. 2011.....	.0	.0		.0	.0	.0			.0	.0
4. 2012.....	.0	.0		.0	.0	.0			.0	.0
5. 2013 .....	255,497	174,056	6,978	4.0	181,034	70.9	44,246	307	225,587	88.3

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	.0	.0	.0	.0	.0
2. 2009 .....	.0	.0	.0	.0	.0
3. 2010 .....	XXX	.0	.0	.0	.0
4. 2011 .....	XXX	XXX	.0	.0	.0
5. 2012 .....	XXX	XXX	XXX	.0	.0
6. 2013 .....	XXX	XXX	XXX	XXX	174,056

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	.0	.0	.0	.0	.0
2. 2009 .....	.0	.0	.0	.0	.0
3. 2010 .....	XXX	.0	.0	.0	.0
4. 2011 .....	XXX	XXX	.0	.0	.0
5. 2012 .....	XXX	XXX	XXX	.0	.0
6. 2013 .....	XXX	XXX	XXX	XXX	218,302

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2009 .....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
2. 2010 .....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
3. 2011 .....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
4. 2012 .....	.0	.0	.0	.0 .0	.0	.0 .0	.0	.0	.0	.0 .0
5. 2013 .....	255,497	174,056	6,978	4.0	181,034	70.9	44,246	307	225,587	88.3

Pt 2C - Sn B - Incurred Claims - Comp

NONE

Pt 2C - Sn B - Incurred Claims - MS

NONE

Pt 2C - Sn B - Incurred Claims - DO

NONE

Pt 2C - Sn B - Incurred Claims - VO

NONE

Pt 2C - Sn B - Incurred Claims - FE

NONE

Pt 2C - Sn B - Incurred Claims - XV

NONE

Part 2C - Sn C - Claims Expense Ratio Co  
**NONE**

Part 2C - Sn C - Claims Expense Ratio MS  
**NONE**

Part 2C - Sn C - Claims Expense Ratio DO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio VO  
**NONE**

Part 2C - Sn C - Claims Expense Ratio FE  
**NONE**

Part 2C - Sn C - Claims Expense Ratio XV  
**NONE**

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves.....	.0								
2. Additional policy reserves (a).....	.0								
3. Reserve for future contingent benefits.....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income).....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net) (Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	.0	NONE							
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0								
12. Totals (gross) .....	.0								
13. Reinsurance ceded .....	.0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....	10,562	106,697	1,349,846		1,467,105
2. Salaries, wages and other benefits .....	2,841,782	2,068,739	11,811,184		16,721,705
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....	0	0	0		0
4. Legal fees and expenses .....	981	9,910	436,774		447,665
5. Certifications and accreditation fees .....	1,098	15,185	24,624		40,907
6. Auditing, actuarial and other consulting services .....	23,397	246,433	701,849		971,679
7. Traveling expenses .....	32,338	71,064	354,016		457,418
8. Marketing and advertising .....	13,454	0	605,555		619,009
9. Postage, express and telephone .....	6,538	56,231	413,483		476,252
10. Printing and office supplies .....	6,804	40,283	966,595		1,013,682
11. Occupancy, depreciation and amortization .....	13,661	138,180	1,764,429		1,916,270
12. Equipment .....	16,250	165,844	458,995		641,089
13. Cost or depreciation of EDP equipment and software .....	902	0	231,728		232,630
14. Outsourced services including EDP, claims, and other services .....	348,963	595,128	4,517,673		5,461,764
15. Boards, bureaus and association fees .....	0	0	36,334		36,334
16. Insurance, except on real estate .....	0	0	37,817		37,817
17. Collection and bank service charges .....	245	2,698	19,455		22,398
18. Group service and administration fees .....	0	0	0		0
19. Reimbursements by uninsured plans .....	0	0	0		0
20. Reimbursements from fiscal intermediaries .....	0	0	0		0
21. Real estate expenses .....	0	0	0		0
22. Real estate taxes .....	425	4,289	13,115		17,829
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	0		0
23.2 State premium taxes .....	0	0	5,109,946		5,109,946
23.3 Regulatory authority licenses and fees .....	0	0	0		0
23.4 Payroll taxes .....	168,977	165,499	918,987		1,253,463
23.5 Other (excluding federal income and real estate taxes) .....	0	0	0		0
24. Investment expenses not included elsewhere .....	0	0	0		0
25. Aggregate write-ins for expenses .....	52,794	59,774	3,819,735	0	3,932,303
26. Total expenses incurred (Lines 1 to 25) .....	3,539,171	3,745,954	33,592,140	0 (a)	40,877,265
27. Less expenses unpaid December 31, current year .....	149,372	158,099	744,455		1,051,926
28. Add expenses unpaid December 31, prior year .....	0	0	0	0	0
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,389,799	3,587,855	32,847,685	0	39,825,339
DETAILS OF WRITE-INS					
2501. Consulting.....	0	0	2,662,719		2,662,719
2502. Miscellaneous expenses.....	5,037	59,774	224,280		289,091
2503. Administrative Services.....	47,757	0	931,781		979,538
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	955	0	955
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	52,794	59,774	3,819,735	0	3,932,303

(a) Includes management fees of \$ .....14,860,752 to affiliates and \$ .....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....	.....
1.1	Bonds exempt from U.S. tax .....	(a).....	.....
1.2	Other bonds (unaffiliated) .....	(a).....	.....
1.3	Bonds of affiliates .....	(a).....0	.....
2.1	Preferred stocks (unaffiliated) .....	(b).....0	.....
2.11	Preferred stocks of affiliates .....	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....0	.....
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans .....	(c).....	.....
4.	Real estate .....	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	(e).....10,653	.....10,653
7.	Derivative instruments .....	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	.....10,653	.....10,653
11.	Investment expenses .....		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....
13.	Interest expense .....		(h).....
14.	Depreciation on real estate and other invested assets .....		(i).....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....0
17.	Net investment income (Line 10 minus Line 16) .....		.....10,653
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....0	.....0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....		.....0

(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued interest on purchases.  
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ .....0 paid for accrued dividends on purchases.  
(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0	.....	.....
1.1	Bonds exempt from U.S. tax .....			.....0	.....	.....
1.2	Other bonds (unaffiliated) .....			.....0	.....	.....
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0	.....	.....0
5.	Contract loans .....			.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0	.....	.....
8.	Other invested assets .....	.....0	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....181,473	.....0
10.	Total capital gains (losses) .....	.....0	.....0	.....0	.....181,473	.....0
DETAILS OF WRITE-INS						
0901.	Goodwill amortization.....			.....0	.....181,473	.....
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....0	.....0	.....0	.....181,473	.....0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	5,810,540	0	(5,810,540)
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	295,673	0	(295,673)
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	1,217,319	0	(1,217,319)
25. Aggregate write-ins for other-than-invested assets .....	8,446,990	0	(8,446,990)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	15,770,522	0	(15,770,522)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	15,770,522	0	(15,770,522)
DETAILS OF WRITE-INS			
1101. ....			0
1102. ....			0
1103. ....			0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Security Deposit on Leased Office Space.....	343,728		(343,728)
2502. Prepaid Expenses.....	114,576		(114,576)
2503. Intangible Assets.....	7,988,686		(7,988,686)
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	8,446,990	0	(8,446,990)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0	.0	99,881	101,301	105,240	817,684
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total	0	0	99,881	101,301	105,240	817,684
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

AmeriHealth District of Columbia, Inc. (the Company) was incorporated on November 30, 2012 in the District of Columbia for the purpose of providing prepaid managed care to Medicaid enrollees in the District of Columbia. On May 1, 2013, the Company acquired certain tangible and intangible assets from DC Chartered Health Plan (DC Chartered) and assumed responsibility for medical coverage of the acquired Medicaid population on that date (note 3). The Company operates under a license issued by the Government of the District of Columbia Department of Insurance, Securities and Banking (DISB). The Company’s premiums revenue for the year ended December 31, 2013 is comprised of revenue received from the District of Columbia Department of Health Care Finance (DHCF). The Company did not have any premiums revenue prior to May 1, 2013. The Company’s contract with DHCF relating to the Medicaid managed care program expires on June 30, 2014 and includes four one-year options to renew through June 30, 2018.

A. Accounting Practices

The Company prepares its statutory financial statements in accordance with the accounting practices prescribed or permitted by the DISB. The DISB recognizes only statutory accounting practices prescribed or permitted by the Government of the District of Columbia for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the District of Columbia Insurance Code. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the Government of the District of Columbia.

Currently, “prescribed” statutory accounting practices are interspersed throughout the state insurance laws and regulations, NAIC SAP, and a variety of other NAIC publications. “Permitted” statutory accounting practices encompass all accounting practices that are not prescribed but are permitted by the domicile state department of insurance; such practices may differ from state to state, may differ from company to company within a state, and may change in the future.

The Company’s net loss and capital and surplus as stated on a NAIC SAP basis and on the basis of practices prescribed or permitted by the District of Columbia are the same at December 31, 2013.

A reconciliation of the Company’s net loss and capital and surplus between the NAIC SAP and practices prescribed by the District of Columbia is shown below.

	State of Domicile	20 13	20 12
<u>NET INCOME</u>			
(1) Amerihealth District of Columbia, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	District of Columbia	\$ (5,961,465)	\$
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets			
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation, home office property			
(4) NAIC SAP(1-2-3=4)	District of Columbia	\$ (5,961,465)	\$ 0
<u>SURPLUS</u>			
(5) Amerihealth District of Columbia, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	District of Columbia	\$ 24,808,644	\$
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net ; e.g., Fixed Assets, net			
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property			
(8) NAIC SAP(5-6-7=8)	District of Columbia	\$ 24,808,644	\$ 0

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of statutory financial statements in conformity with accounting practices prescribed or permitted by the DISB requires management to make estimates and assumptions that affect the amounts reported in the statutory financial statements and accompanying notes. Some of the more significant estimates include accrued medical expenses, premiums receivable and income taxes. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

Cash and Short-term Investments

Cash consists of all highly liquid investments with an original maturity of three months or less. Short-term investments consist primarily of investments with an original maturity of 91 days to one year.

Short-term investments totaled \$86,510,653 at December 31, 2013.

Fixed Assets

## NOTES TO FINANCIAL STATEMENTS

Furniture and leasehold improvements are designated as nonadmitted assets and are charged directly to capital and surplus. Electronic Data Processing (EDP) equipment exceeding three percent of statutory capital and surplus for the most recently filed statement with the DISB (adjusted to exclude EDP equipment and deferred taxes) are designated as nonadmitted assets and are charged directly to surplus. Depreciation is calculated on a straight-line basis over the estimated useful life of the assets, which ranges from three to seven years. Leasehold improvements are amortized on a straight-line basis over the shorter of the lease or estimated useful life of the asset. Maintenance and repairs are charged to operations when incurred.

### ***Premium Revenue***

The Company records premiums revenue based upon membership records and premium rates for each membership category. Premiums are recognized as revenue in the period in which the Company is obligated to provide services to the members. The Company receives additional premiums revenue to address specific medical needs of certain plan members. This premium revenue includes amounts based on the level of medical costs incurred, historical trends, and other relevant information.

DHCF makes monthly payments to the Company based on contract rates. To extent these premium payments differ from recorded revenue, the amount of the difference is recorded as either premiums receivable or unearned premium revenue until such time that the differences are resolved.

Effective January 1, 2013, DHCF requires Managed Care Organizations (MCOs) to reimburse qualifying physicians for specified primary care services at an enhanced rate pursuant to the Affordable Care Act (ACA). Such legislation provides for an increase in Medicaid fee-for-service and managed care program reimbursements for primary care services provided by primary care doctors (family medicine, general internal medicine or pediatric medicine) to 100% of the Medicare payment rates for 2013 and 2014, and provides 100% federal financing for the difference in rates based on rates applicable on July 1, 2009.

DHCF utilizes the non-risk reconciled payment model for reimbursing MCOs for the enhanced payments. On a quarterly basis, the Company submits encounter/utilization data of all qualifying services provided to Medicaid enrollees during the prior quarter. DHCF calculates the payment differential between the fee levels assumed in the capitation rates in effect for the date of service and the required Medicare fee levels for the enhanced payment. The Company will receive a lump sum payment from DHCF quarterly representing the total value of the payment differential, which the Company will then distribute to the eligible providers.

### ***Accrued Medical Expenses/Unpaid Claim Adjustment Expenses***

Accrued medical expenses include medical expenses billed and not paid and an estimate for costs incurred but not reported, which is actuarially determined. In addition, unpaid claims adjustment expenses are accrued based upon an estimate of the costs to process these claims. To estimate the required claims incurred but not reported reserves, the Company uses the triangulation method. The method of triangulation makes estimates of completion factors, which then are applied to the total paid claims net of coordination of benefits to date for each incurred month. This provides an estimate of the total projected incurred claim and total amount outstanding of claims incurred but not reported. Consideration is also given to changes in turnaround time and claims processing, which may impact completion factors.

For dates of service where there is insufficient paid claim data to rely solely on the completion factor method, the Company examines cost and utilization trends as well as plan changes, provider contracts, membership changes, and historical seasonal patterns to estimate the reserve required for those months. While the Company believes the accrual for medical expenses is adequate, actual results could differ from such estimates.

### ***Provider Contracting***

The Company contracts with various healthcare providers in the District of Columbia to provide medical services. The Company is dependent upon provider relationships in order to service its members.

### ***Premium Assessment***

District of Columbia health maintenance organizations (HMOs) are assessed a 2.0% state tax on the premium revenues received from DHCF. The premium revenues paid to HMOs are increased to account for the cost of the tax. Taxes incurred under this program amounted to \$5,109,946 for the year ended December 31, 2013, and are recorded as a general administrative expense on the 2013 statutory statement of revenue and expenses.

## **2. Accounting Changes and Corrections of Errors**

None

## **3. Business Combinations and Goodwill**

As discussed in note 1, on May 1, 2013, the Company executed an Asset Purchase Agreement (the Agreement) with DC Chartered, whereby the Company acquired certain tangible and intangible assets in exchange for consideration of \$6,800,000, consisting of cash paid of \$5,000,000 and a commitment for transitional services to be provided to DC Chartered through November 30, 2013. The estimated value of the transitional services was \$1,800,000, which was recorded within accounts payable and accrued expenses as of the date of the acquisition. Such liability for transitional services was reversed through November 30, 2013 as the services were performed and the related expenses were recognized within administrative expenses on the 2013 statutory statement of revenues and expenses. The Agreement included rights to DC Chartered's DHCF contract, assigned provider contracts, rights to phone numbers, specified trade names, intellectual property, books and records, and specified furniture and office equipment. Assets excluded from the transaction included cash, securities, contracts that were not assigned to the buyer, benefit plans, trusts and other related assets.

Intangible assets acquired under this Agreement in the amount of \$9,210,000 are amortized on a straight-line basis over the estimated useful life of each acquired intangible asset. Amortization expense relating to intangible assets charged to operations was \$1,221,314 for the year ended December 31, 2013. No impairment loss on intangible

NOTES TO FINANCIAL STATEMENTS

assets was recorded during the year ended December 31, 2013. The carrying value of intangible assets totaling \$7,988,686 at December 31, 2013 is reported as an aggregate write-in for other than invested assets on the 2013 statutory statement of admitted assets and has been non-admitted for statutory reporting purposes pursuant to Statement of Statutory Accounting Principles (SSAP) No. 20, *Nonadmitted Assets*.

In accordance with statutory accounting guidance for business combinations, the consideration of \$6,800,000 was allocated to the fair value of DC Chartered’s assets acquired and liabilities assumed, including identifiable intangible assets. The allocation of the purchase consideration resulted in negative goodwill of \$2,722,077, which was a result of the excess of the fair value of net assets acquired in the amount of \$9,522,077 over the consideration paid of \$6,800,000. Such goodwill is amortized on a straight-line basis over the estimated useful life of ten years. The amortization adjustment relating to negative goodwill charged to surplus was \$181,472 for the year ended December 31, 2013. The carrying value of negative goodwill totaling \$2,540,605 at December 31, 2013 is reported as an aggregate write-in for other than invested assets on the 2013 statutory statement of admitted assets pursuant to SSAP No. 68, *Business Combinations and Goodwill*.

Acquisition related transaction costs amounted to \$921,422 during 2013, and are included in general administrative expenses on the 2013 statutory statement of revenues and expenses.

4. Discontinued Operations

None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None

B. Debt Restructuring

None

C. Reverse Mortgages

None

D. Loan-Backed Securities

1. Loan Back Securities.

None

2. Recognized Other-Than-Temporary Impairment

None

3. Present Value of Cash Flows

None

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than –temporary impairment has not been recognized.

None

E. Repurchase Agreements

None

F. Real Estate

None

G. Low- income housing tax credits (LHITC)

None

H. Restricted Assets

The Company holds restricted cash in the amount of \$300,000 at December 31, 2013 pursuant to District of Columbia Code 31-3412, which requires an entity to deposit with the Commissioner or, at the discretion of the Commissioner, with any organization or trustee acceptable to the Commissioner through which a custodial or controlled account is utilized, cash, securities, or any combination of these or other measures that are acceptable to the Commissioner.

NOTES TO FINANCIAL STATEMENTS

(1) Restricted Assets (Including Pledged)		1	2	3	4	5	6
	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	%	%
b.	Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	0%	0%
c.	Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	0%	0%
d.	Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	0%	0%
e.	Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	0%	0%
f.	Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	0%	0%
g.	Placed under option contracts	\$ -	\$ -	\$ -	\$ -	0%	0%
h.	Letter stock or securities restricted as to sale	\$ -	\$ -	\$ -	\$ -	0%	0%
i.	On deposit with states	\$ 300,000	\$ 300,000	\$ -	\$ 300,000	0.3%	0.4%
j.	On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	0%	0%
k.	Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	0%	0%
l.	Other restricted assets	\$ -	\$ -	\$ -	\$ -	0%	0%
m.	Total Restricted Assets	\$ 300,000	\$ 300,000	\$ -	\$ 300,000	0.3%	0.4%
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories		1	2	3	4	5	6
	Other Restricted Assets	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
	Total	\$ -	\$ -	\$ -	\$ -	0%	0%
(3) Detail of Other Restricted Assets		1	2	3	4	5	6
	Collateral Agreement	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
	Total	\$ -	\$ -	\$ -	\$ -	0%	0%

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

Interest income from cash and short-term investments is included in investment income on the statutory statement of revenues and expenses.

8. Derivative Instruments

None

9. Income Taxes

The Company is a District of Columbia Insurance Company that is subject to state and federal income tax. Deferred income tax assets and liabilities represent the expected future federal tax consequences of temporary differences generated by statutory accounting. Deferred tax assets (DTAs) and deferred tax liabilities (DTLs) are computed by means of identifying temporary differences, which are measured using a balance sheet approach whereby statutory and tax-basis balance sheets are compared.

Pursuant to SSAP No. 101, *Income Taxes, A Replacement of SSAP No. 10R and SSAP No. 10*, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized (adjusted gross DTAs). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a) Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Service tax loss carryback provisions.
- b) The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage, as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company’s tax return and the applicable percentage refers to the percentage of the Company’s statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software, and any net positive goodwill (Stat Cap ExDTA). The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.
- c) The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

NOTES TO FINANCIAL STATEMENTS

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as change in net unrealized capital gains (losses), also a separate component of gains and losses in surplus.

The components of the net deferred tax asset/(liability) at December 31, 2013 and December 31, 2012 are as follows:

12/31/2013			
	(1) Ordinary	(2) Capital	(3) Total
(a) Gross Deferred Tax Assets	\$ 3,887,498	2,971,660	6,859,158
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	3,887,498	2,971,660	6,859,158
(d) Deferred Tax Assets Nonadmitted	2,985,940	2,824,600	5,810,540
Subtotal Net Admitted Deferred Tax Asset (1c -			
(e) 1d)	901,558	147,060	1,048,618
(f) Deferred Tax Liabilities	-	-	-
Net Admitted Deferred Tax Asset/(Net Deferred			
(g) Tax Liability)(1e-1f)	\$ 901,558	147,060	1,048,618
12/31/2012			
	(4) Ordinary	(5) Capital	(6) Total
(a) Gross Deferred Tax Assets	\$ -	-	-
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	-	-
(d) Deferred Tax Assets Nonadmitted	-	-	-
Subtotal Net Admitted Deferred Tax Asset (1c -			
(e) 1d)	-	-	-
(f) Deferred Tax Liabilities	-	-	-
Net Admitted Deferred Tax Asset/(Net Deferred			
(g) Tax Liability)(1e-1f)	\$ -	-	-
Change			
	(7) Ordinary	(8) Capital	(9) Total
(a) Gross Deferred Tax Assets	\$ 3,887,498	2,971,660	6,859,158
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	3,887,498	2,971,660	6,859,158
(d) Deferred Tax Assets Nonadmitted	2,985,940	2,824,600	5,810,540
Subtotal Net Admitted Deferred Tax Asset (1c -			
(e) 1d)	901,558	147,060	1,048,618
(f) Deferred Tax Liabilities	-	-	-
Net Admitted Deferred Tax Asset/(Net Deferred			
(g) Tax Liability)(1e-1f)	\$ 901,558	147,060	1,048,618

NOTES TO FINANCIAL STATEMENTS

		12/31/2013		
		(1)	(2)	(3)
		Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101				-
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks \$	1,048,618		1,048,618
Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the				
(b)	Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -		\$ -
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the				
1	Balance Sheet Date	\$ -		\$ -
2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 2,365,195
Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities				
(c)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
(d)	Total 2(a) + 2(b) + 2(c)	\$ 1,048,618	-	1,048,618

		12/31/2012		
		(4)	(5)	(6)
		Ordinary	Capital	(Col 4+5) Total
Admission Calculation Components SSAP No. 101				-
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks \$	-		
Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the				
(b)	Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ -		\$ -
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the				
1	Balance Sheet Date	\$ -		\$ -
2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ -
Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities				
(c)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
(d)	Total 2(a) + 2(b) + 2(c)	\$ -	\$ -	\$ -

		Change		
		(7)	(8)	(9)
		Ordinary	Capital	(Col 7+8) Total
Admission Calculation Components SSAP No. 101				-
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks \$	1,048,618	-	1,048,618
Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the				
(b)	Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-		
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the				
1	Balance Sheet Date	-		-
2	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	2,365,195
Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities				
(c)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
(d)	Total 2(a) + 2(b) + 2(c)	\$ 1,048,618	-	1,048,618

	2013	2012
Ratio Percentage Used To Determine Recovery Period And		
(a) Threshold Limitation Amount.	249.000	0.000
Amount Of Adjusted Capital And Surplus Used To		
Determine Recovery Period And Threshold Limitation In		
(b) 2(b)2 Above.	23,760,026.000	0.000

NOTES TO FINANCIAL STATEMENTS

		12/31/2013	
		(1)	(2)
		Ordinary	Capital
Impact of Tax Planning Strategies			
Determination Of Adjusted Gross Deferred Tax Assets			
(a)	And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1.	Adjusted Gross DTAs amount from Note 9A1(c )	\$ 3,887,498	2,971,660
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	-	-
3.	Net Admitted Adjusted Gross DTA amount from Note 9A1(e )	\$ 901,558	147,060
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		
		12/31/2012	
		(3)	(4)
		Ordinary	Capital
(a)	1. Adjusted Gross DTAs Amount From Note 9A1(c )	\$ -	-
	2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		
	3. Net Admitted Adjusted Gross DTA amount from Note 9A1(e )	\$ -	-
	4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		
		Change	
		(5)	(6)
		(Col 1-3) Ordinary	(Col 2-4) Capital
(a)	1. Adjusted Gross DTAs Amount From Note 9A1(c )	\$ 3,887,498	-
	2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		
	3. Net Admitted Adjusted Gross DTA amount from Note 9A1(e )	\$ 901,558	-
	4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		
(b)	Does the company's tax-planning strategies include the use of reinsurance?	Yes	No X

NOTES TO FINANCIAL STATEMENTS

Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	12/31/2013	12/31/2012	(Col 1-2) Change
1 Current Income Tax:			
(a) Federal	\$ 2,290,000	-	2,290,000
(b) Foreign	-	-	-
(c) Subtotal	2,290,000	-	2,290,000
(d) Federal income tax on net capital gains	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 2,290,000	-	2,290,000
2 Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 151,960	-	151,960
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	3,024,515	-	3,024,515
(6) Policyholder dividends accrual	-	-	-
(7) Fixed Assets	33,559	-	33,559
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	670,241	-	670,241
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	7,223	-	7,223
Subtotal	3,887,498	-	3,887,498
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	2,985,940	-	2,985,940
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	901,558	-	901,558
(e) Capital:			
(1) Investments	2,971,660	-	2,971,660
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
Subtotal	2,971,660	-	2,971,660
(f) Statutory valuation allowance adjustment	2,824,600	-	2,824,600
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	147,060	-	147,060
(i) Admitted deferred tax assets (2d + 2h)	1,048,618	-	1,048,618
3 Deferred Tax Liabilities			
(a) Ordinary:			
(1) Investments	-	-	-
(2) Fixed assets	-	-	-
(3) Deferred and uncollected premium	-	-	-
(4) Policyholder reserves	-	-	-
(5) Other (including items <5% of total ordinary tax assets)	-	-	-
Subtotal	-	-	-
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
Subtotal	-	-	-
(c) Deferred tax liabilities(3a99 + 3b99)	-	-	-
4 Net deferred tax assets/liabilities(2i - 3c)	\$ 1,048,618	-	1,048,618

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is a wholly-owned subsidiary of AmeriHealth Caritas Health Plan (ACHP) (formerly AmeriHealth Mercy Health Plan). ACHP is a Pennsylvania partnership formed to develop and operate managed care business for Medicaid enrollees. Effective May 1, 2013, the Company subcontracts the administrative portion of certain services, such as claims processing, to ACHP. ACHP subcontracts the majority of these services to AmeriHealth Caritas Services, LLC (ACS) (formerly AmeriHealth Mercy Services, LLC), an affiliated company through common ownership. Costs incurred related to these administrative services were \$12,002,843 for the year ended December 31, 2013, and are included in both administrative expenses and claims adjustment expenses on the 2013 statutory statement of revenues and expenses. Amounts due to ACHP were \$3,412,434 as of December 31, 2013.

Effective May 1, 2013, the Company entered into a Staffing Services Agreement (Agreement) with ACS for an initial term of five years, with an automatic annual renewal thereafter unless terminated by either party pursuant to the Agreement. In connection with the Agreement, ACS furnishes to the Company employees necessary to carry out the business operations of the Company. Costs incurred related to the compensation and benefits for employees assigned under the agreement amounted to \$9,751,831 for the year ended December 31, 2013, and are included in general administrative expenses on the 2013 statutory statement of revenues and expenses. Amounts due to ACS were \$983,016 as of December 31, 2013.

## NOTES TO FINANCIAL STATEMENTS

Effective May 1, 2013, certain behavioral healthcare services are provided to the Company by Community Behavioral Healthcare Network of Pennsylvania, Inc. (CBHNP), a wholly owned subsidiary of ACHP. Costs incurred related to these services rendered by CBHNP were \$1,112,050 for the year ended December 31, 2013, and are included in both general administrative expenses and claims adjustment expenses on the 2013 statutory statement of revenues and expenses. Amounts due to CBHNP were \$143,126 as of December 31, 2013.

Effective May 1, 2013, PerformRx, LLC (PerformRx), a wholly owned subsidiary of ACHP, provides pharmacy benefit management (PBM) services to the Company. Costs incurred for these PBM services were \$1,745,859 for the year ended December 31, 2013, and are included in both general administrative expenses and claims adjustment expenses on the 2013 statutory statement of revenues and expenses. Amounts due to PerformRx were \$1,745,859 as of December 31, 2013.

The Company received capital contributions in the amount of \$39,500,000 from ACHP during 2013.

### 11. Debt

None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

None

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

Under applicable District of Columbia laws and regulations, the Company is required to have an initial net worth of \$1,500,000 and thereafter maintain a minimum net worth equal to the greater of: (a) \$1,000,000; (b) two percent of annual premium as reported on the most recent annual statement filed on the first one hundred fifty million dollars of premium revenue and one percent of annual premium revenue on the premium revenue in excess of one hundred fifty million dollars; (c) an amount equal to the sum of 3 months uncovered health care expenditures as reported on the most recently filed financial statement; or (d) an amount equal to the sum of: (i) eight percent of annual health care expenditures except those paid on a capitated basis or managed hospital payment basis as reported on the most recently filed financial statement; and (ii) four percent of annual hospital expenditures paid on a managed hospital payment basis as reported on the most recently filed financial statement. The Company is required by the District of Columbia to maintain a minimum regulatory deposit of \$300,000. The Company is in compliance with these requirements as of December 31, 2013.

The NAIC adopted Risk Based Capital (RBC) standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (RBC Ratio). The RBC Ratio is designed to reflect the risk profile of the Company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2013, the Company's statutory surplus exceeded the level required pursuant to the RBC calculation.

### 14. Contingencies

In the ordinary course of business, the Company is involved in and is subject to claims, contractual disputes with providers, and other uncertainties. In the opinion of management, the ultimate disposition of these matters will not have a material effect on the Company's financial condition or results of operations.

The Company is covered under the managed care errors and omissions policy maintained by ACHP for certain claims with an aggregate limit of \$40,000,000 as stated in the agreements. Professional liability coverage is on a claims-made basis and must be renewed or replaced with equivalent insurance if such claims incurred during its term but asserted after its expiration are to be insured.

#### A. Contingent Commitments

None

#### B. Assessments

None

#### C. Gain Contingencies

None

#### D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

#### E. All Other Contingencies

None

### 15. Leases

Effective April 1, 2013, the Company executed an operating lease agreement for office space expiring on March 31, 2018. Under such lease agreement, the Company has the option to renew for one additional four-year period. The monthly base rent amount includes scheduled increases in base rent amounts as defined in the agreement. The Company is also responsible for real estate taxes, utilities, and all other expenses associated with the operation of its leased office facility. Recognition of rent expense on a straight-line basis in accordance with SSAP No. 22, *Leases*,

NOTES TO FINANCIAL STATEMENTS

resulted in deferred rent of \$63,755 as of December 31, 2013, which is included in general expenses due or accrued on the accompanying 2013 statutory statement of admitted assets, liabilities, and capital and surplus.

Future minimum rental commitments under such noncancelable lease agreement as of December 31, 2013 are as follows:

<u>Year Ending December 31, 2013</u>	<u>Operating Leases</u>
2014	\$ 1,506,822.00
2015	1,548,998.00
2016	1,585,542.00
2017	1,554,427.00
2018	395,979.00
Total	<u>\$ 6,591,768.00</u>

Rent expense for operating lease agreements amounted to \$1,104,049 for the year ended December 31, 2013, and is included in the general administrative expenses on the 2013 statutory statement of revenues and expenses.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

SSAP No. 100, *Fair Value Measurements*, which defines fair value, sets out a framework for measuring fair value, and requires additional disclosures about fair value measurements. An asset’s fair value is defined as the price at which the asset could be exchanged in an orderly transaction between market participants at the balance sheet date. A liability’s fair value is defined as the amount that would be paid to transfer the liability to a market participant, not the amount that would be paid to settle the liability with the creditor.

The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with significant unobservable inputs (Level 3). An asset’s or liability’s classification is based on the lowest level input that are both observable (Level 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

*Level 1* – Unadjusted quoted market prices for identical assets or liabilities in active markets. Market price data is generally obtained from a major exchange or dealer markets.

*Level 2* – Input other than quoted market prices included in Level 1 that are observable for the asset through corroboration with market data at the measurable date. Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in nonactive markets, interest rates, and yield curves. An instrument is classified as Level 2 if the Company determines that unobservable inputs are insignificant.

*Level 3* – Unobservable inputs that are supported by little or no market activity that reflect management’s best estimate of what market participants would use in hypothetically pricing the asset at the measurement date.

The Company has no financial assets or financial liabilities that are required to be measured at fair value on a recurring basis.

The fair value of other financial assets, principally cash and short-term investments, premiums receivable, health care receivables, claims unpaid, unpaid claims adjustment expenses, general expenses due or accrued, current federal income tax payable, and amounts due to parent, subsidiaries and affiliates, approximate their carrying value at December 31, 2013 because of the short maturity of such items.

21. Other Items

A. Extraordinary Items

None

B. Troubled Debt Restructuring: Debtors

None

## NOTES TO FINANCIAL STATEMENTS

**C. Other Disclosures and Unusual Items**

None

**D. Business Interruption Insurance Recoveries**

None

**E. State Transferable and Non-transferable Tax Credits**

None

**F. Subprime-Mortgage-Related Risk Exposure**

None

**G. Retained Assets**

None

**H. Offsetting and Netting of Assets and Liabilities**

None

**22. Events Subsequent**

Management has evaluated events and transactions occurring subsequent to year end through February 28, 2014, the date that the 2013 annual statement was filed with the NAIC, for potential recognition and disclosure. No events or transactions occurring subsequent to year end date meet the definition of a recognized or nonrecognized subsequent event under the scope of SSAP No. 9, *Subsequent Events*, and therefore, do not require recognition or disclosure in the annual statement.

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the ACA. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for an U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2014 to be \$3,800,000. This assessment is expected to impact risk based capital by 0.5%.

**23. Reinsurance**

None

**A. Ceded Reinsurance Report**

None

**B. Uncollectable Reinsurance**

None

**C. Commutation of Ceded Reinsurance**

None

**D. Certified Reinsurer Downgraded or Status Subject to Revocation**

None

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

None

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2013 were \$44,553,134 for incurred claims and claims adjustment expenses. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

**26. Intercompany Pooling Arrangements**

None

**27. Structured Settlements**

None

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

As discussed in note 10, effective May 1, 2013, PerformRx provides PBM services to the Company. PerformRx maintains the contractual arrangements with the drug manufacturers for rebates that cover the Company's membership. The Company receives rebates collected by PerformRx relating to the Company's membership on a quarterly basis pursuant to the agreement. In accordance with SSAP No. 25, *Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties*, pharmacy rebates receivable of \$446,530 at December 31, 2013 were non-admitted.

NOTES TO FINANCIAL STATEMENTS

Quarter Ended	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2013	\$ 332,030	\$ 364,593	-	-	-
9/30/2013	-	311,523	-	-	-
6/30/2013	-	170,168	-	20,940	-

B. Risk Sharing Receivables  
None

29. Participating Policies  
None

30. Premium Deficiency Reserve  
None

31. Anticipated Salvage and Subrogation  
None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

District of Columbia.....
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4

By what department or departments? .....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business?

Yes ☐ No ☒
- 4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business?

Yes ☐ No ☒
- 4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....		
.....		
.....		
.....		
.....		

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 6.2

If yes, give full information .....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,
- 7.21

State the percentage of foreign control .....
- 7.22

State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	
.....	
.....	
.....	
.....	

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
KPMG, 1601 Market Street, Philadelphia, PA 19103.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain  
The Company is in discussions with the Department of Insurance on the structure of its audit committee and has requested approval for its proposed structure.....

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Omar Haq, AmeriHealth Caritas Health Plan, 200 Stevens Drive, Philadelphia PA 19113, Director of Actuarial Services, employee of the reporting entity.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company .....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [ X ] No [ ]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [ ] No [ ] NA [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [ ] No [ ] NA [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [ ] No [ ] NA [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [ ] No [ ] NA [ X ]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ X ] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$.....
25.22	Subject to reverse repurchase agreements	\$.....
25.23	Subject to dollar repurchase agreements	\$.....
25.24	Subject to reverse dollar repurchase agreements	\$.....
25.25	Pledged as collateral	\$.....
25.26	Placed under option agreements	\$.....
25.27	Letter stock or securities restricted as to sale	\$.....
25.28	On deposit with state or other regulatory body	\$.....300,000
25.29	Other	\$.....

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian’s Address
PNC Bank.....	620 Liberty Ave Pittsburgh, PA 15222.....
Bank of New York Mellon.....	Westborough, MA.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....	.....	.....
.....	.....	.....
.....	.....	.....

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?
- 29.2 If yes, complete the following schedule:
- Yes [ ] No [ X ]

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
29.2999 TOTAL		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	86,510,653	86,510,653	0
30.2 Preferred Stocks.....	0		0
30.3 Totals	86,510,653	86,510,653	0

- 30.4 Describe the sources or methods utilized in determining the fair values:  
Cost approximates fair value due to the short term maturity of such investments.....
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?
- 32.2 If no, list exceptions:
- Yes [ ] No [ X ]
- Yes [ ] No [ ]
- Yes [ X ] No [ ]

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....15,000
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NCQA.....	\$.....15,000

- 34.1 Amount of payments for legal expenses, if any? \$ .....413,097
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Morgan, Lewis & Bockius.....	\$.....413,097

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only.

\$ .....0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ .....

1.31 Reason for excluding .....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned

\$ .....0

1.62 Total incurred claims

\$ .....0

1.63 Number of covered lives

.....0

All years prior to most current three years:

1.64 Total premium earned

\$ .....0

1.65 Total incurred claims

\$ .....0

1.66 Number of covered lives

.....0

1.7 Group policies:

Most current three years:

1.71 Total premium earned

\$ .....0

1.72 Total incurred claims

\$ .....0

1.73 Number of covered lives

.....0

All years prior to most current three years:

1.74 Total premium earned

\$ .....0

1.75 Total incurred claims

\$ .....0

1.76 Number of covered lives

.....0

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....255,497,282	\$	.....0
2.2	Premium Denominator	\$ .....255,497,282	\$	.....0
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....0.000
2.4	Reserve Numerator	\$ .....44,245,663	\$	.....0
2.5	Reserve Denominator	\$ .....44,245,663	\$	.....0
2.6	Reserve Ratio (2.4/2.5)	.....1.000		.....0.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ X ]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [ ] No [ X ]

5.2 If no, explain:

Stop-loss reinsurance is not required under the Company's managed care agreement with the District of Columbia. As of December 31, 2013, the Company has sufficient capital to retain all risks for the Company's book of business.

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$.....

5.32 Medical Only

\$.....

5.33 Medicare Supplement

\$.....

5.34 Dental and Vision

\$.....

5.35 Other Limited Benefit Plan

\$.....

5.36 Other

\$.....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

All providers have executed hold-harmless agreements requiring continuation of services.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

.....0

8.2 Number of providers at end of reporting year

.....3,815

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

.....

9.22 Business with rate guarantees over 36 months

.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ ] No [ X ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses

\$.....

10.22 Amount actually paid for year bonuses

\$.....

10.23 Maximum amount payable withholds

\$.....

10.24 Amount actually paid for year withholds

\$.....
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or,

Yes [ X ] No [ ]

11.14 A Mixed Model (combination of above) ?

Yes [ ] No [ X ]

Yes [ X ] No [ ]
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

District of Columbia.....
- 11.3 If yes, show the name of the state requiring such net worth.

\$.....1,000,000
- 11.4 If yes, show the amount required.

Yes [ ] No [ X ]
- 11.5 Is this amount included as part of a contingency reserve in stockholder’s equity?

Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
District of Columbia.....
.....
.....
.....
.....

- 13.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$.....
- 13.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$.....

FIVE - YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	83,791,458	0	0	0	0
2. Total liabilities (Page 3, Line 24) .....	58,982,814	0	0	0	0
3. Statutory surplus .....	1,000,000	0	0	0	0
4. Total capital and surplus (Page 3, Line 33) .....	24,808,644	0	0	0	0
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	255,497,282	0	0	0	0
6. Total medical and hospital expenses (Line 18) .....	218,302,135	0	0	0	0
7. Claims adjustment expenses (Line 20) .....	7,285,125	0	0	0	0
8. Total administrative expenses (Line 21) .....	33,592,140	0	0	0	0
9. Net underwriting gain (loss) (Line 24) .....	(3,682,118)	0	0	0	0
10. Net investment gain (loss) (Line 27) .....	10,653	0	0	0	0
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	(5,961,465)	0	0	0	0
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11).....	38,142,381	0	0	0	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital.....	24,808,644	0	0	0	0
15. Authorized control level risk-based capital.....	9,556,464	0	0	0	0
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	105,240	0	0	0	0
17. Total members months (Column 6, Line 7) .....	817,684	0	0	0	0
<b>Operating Percentage</b> (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	85.4	0.0	0.0	0.0	0.0
20. Cost containment expenses .....	1.4	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses .....	1.5	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23) .....	101.4	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24) .....	(1.4)	0.0	0.0	0.0	0.0
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	0	0	0	0	0
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)] .....	0	0	0	0	0
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....		0	0	0	0
31. All other affiliated .....		0	0	0	0
32. Total of above Lines 26 to 31.....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....		0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?.....Yes [ ] No [ ]

If no, please explain

.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
State, Etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL								.0	.0
2.	Alaska	AK								.0	.0
3.	Arizona	AZ								.0	.0
4.	Arkansas	AR								.0	.0
5.	California	CA								.0	.0
6.	Colorado	CO								.0	.0
7.	Connecticut	CT								.0	.0
8.	Delaware	DE								.0	.0
9.	District of Columbia	DC	L			.255,497,282				.255,497,282	.0
10.	Florida	FL								.0	.0
11.	Georgia	GA								.0	.0
12.	Hawaii	HI								.0	.0
13.	Idaho	ID								.0	.0
14.	Illinois	IL								.0	.0
15.	Indiana	IN								.0	.0
16.	Iowa	IA								.0	.0
17.	Kansas	KS								.0	.0
18.	Kentucky	KY								.0	.0
19.	Louisiana	LA								.0	.0
20.	Maine	ME								.0	.0
21.	Maryland	MD								.0	.0
22.	Massachusetts	MA								.0	.0
23.	Michigan	MI								.0	.0
24.	Minnesota	MN								.0	.0
25.	Mississippi	MS								.0	.0
26.	Missouri	MO								.0	.0
27.	Montana	MT								.0	.0
28.	Nebraska	NE								.0	.0
29.	Nevada	NV								.0	.0
30.	New Hampshire	NH								.0	.0
31.	New Jersey	NJ								.0	.0
32.	New Mexico	NM								.0	.0
33.	New York	NY								.0	.0
34.	North Carolina	NC								.0	.0
35.	North Dakota	ND								.0	.0
36.	Ohio	OH								.0	.0
37.	Oklahoma	OK								.0	.0
38.	Oregon	OR								.0	.0
39.	Pennsylvania	PA								.0	.0
40.	Rhode Island	RI								.0	.0
41.	South Carolina	SC								.0	.0
42.	South Dakota	SD								.0	.0
43.	Tennessee	TN								.0	.0
44.	Texas	TX								.0	.0
45.	Utah	UT								.0	.0
46.	Vermont	VT								.0	.0
47.	Virginia	VA								.0	.0
48.	Washington	WA								.0	.0
49.	West Virginia	WV								.0	.0
50.	Wisconsin	WI								.0	.0
51.	Wyoming	WY								.0	.0
52.	American Samoa	AS								.0	.0
53.	Guam	GU								.0	.0
54.	Puerto Rico	PR								.0	.0
55.	U.S. Virgin Islands	VI								.0	.0
56.	Northern Mariana Islands	MP								.0	.0
57.	Canada	CAN								.0	.0
58.	Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal		.XXX	.0	.0	.255,497,282	.0	.0	.0	.255,497,282	.0
60.	Reporting entity contributions for Employee Benefit Plans		.XXX							.0	
61.	Total (Direct Business)	(a)	1	0	0	.255,497,282	0	0	0	.255,497,282	0
DETAILS OF WRITE-INS											
58001.			.XXX								
58002.			.XXX								
58003.			.XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page		.XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		.XXX	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

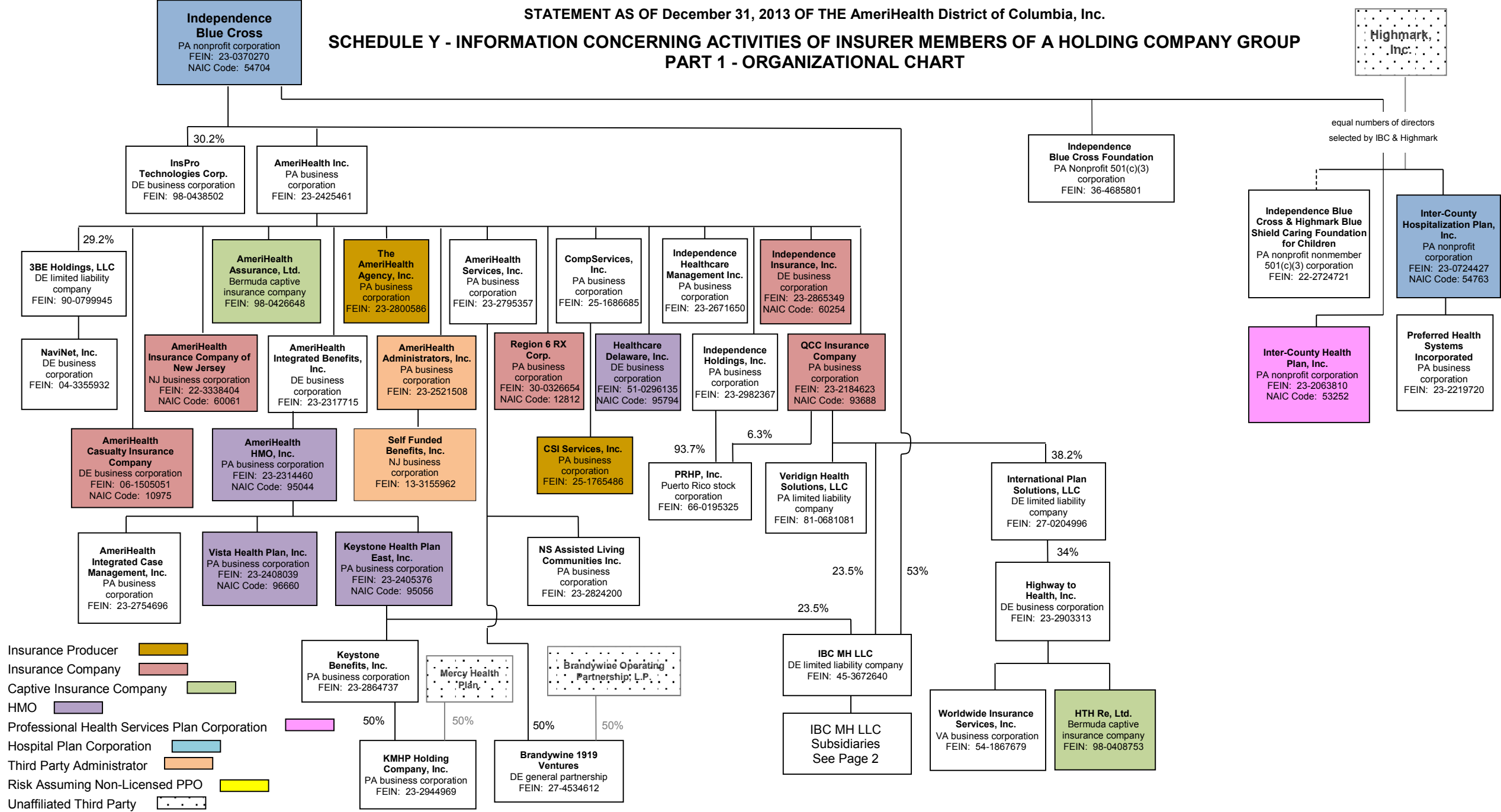
Explanation of basis of allocation by states, premiums by state, etc. The Company has business in the Government of the District of Columbia only

(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF December 31, 2013 OF THE AmeriHealth District of Columbia, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



# ALPHABETICAL INDEX

**ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA –Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

# ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

